

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 425

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. James L Scales, , MD

Mailing Address 280 Newton Sparta Rd Ste 4

City

Newton

State

NJ

Zip Code

07860-2775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Andover Ortho Surg & Spor-
ts Med Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30595615

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Edward Pollack, , MD

Mailing Address 6 Sand Hill Rd Ste 102

City

Flemington

State

NJ

Zip Code

08822-4946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunterdon Orthopaedic Ins-
titute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30595616

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edwin M Roeder, , MD

Mailing Address 5686 N Wild Wind Ln

City

Strafford

State

MO

Zip Code

65757-9112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 9

Transaction ID: 30595617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)